

Case Number:	CM15-0089445		
Date Assigned:	05/13/2015	Date of Injury:	11/22/2010
Decision Date:	06/16/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male, with a reported date of injury of 11/22/2010. The diagnoses include status post right shoulder surgery times two (2); right carpal tunnel; right de Quervain's tenosynovitis; right lateral epicondylitis; lumbar strain; cervical sprain; and insomnia. Treatments to date have included oral medications, four urine drug screens times according to the medical records, and home exercises. The progress report dated 03/18/2015 indicates that the injured worker continued to experience a sharp pain in the right shoulder that radiated into the right hand and wrist, with occasional pain in the upper back area. The objective findings include tenderness at the cervical paravertebral and trapezius muscles; normal cervical range of motion; no evidence of radiating pain to the upper extremities on cervical motion; painless palpation over the right acromioclavicular joint and greater tuberosity of the shoulder; no tenderness in the subacromial space of the shoulder to palpation; painful and somewhat resistant range of motion of the right shoulder; decreased strength of the right shoulder musculature as compared to the left side; decreased strength in the right forearm, wrist, and hand muscles; crepitus on the right shoulder on motion; tenderness to palpation in the medial and lateral epicondyle of the right elbow; tenderness at the extensor compartment of the right elbow; full and painless range of motion of the right elbow; decreased sensation in the right upper extremity at C5-6 distribution; weakness of grip and grasp on the right hand as compared to the left side; tenderness at the base of the right thumb on deep palpation; decreased flexion and extension of the right hand thumb; tenderness to palpation of the lumbosacral area bilaterally; decreased lumbar spine range of motion; positive straight leg raise test; and intact sensation to light touch and pinprick in all

dermatomes in the bilateral lower extremities. The medical records did not include documentation of the pain ratings, or improvement in pain or functionality. On 03/18/2015 and 02/18/2015 the injured worker's work status remained modified work duties with restrictions. The treating physician requested Norco 10/325mg #90 for severe pain and deep tissue massage.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 11/22/2010. The medical records provided indicate the diagnosis of status post right shoulder surgery times two (2); right carpal tunnel; right de Quervain's tenosynovitis; right lateral epicondylitis; lumbar strain; cervical sprain; and insomnia. Treatments to date have included oral medications, four urine drug screens times according to the medical records, and home exercises. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 09/2014, but with no overall improvement. The injured worker is not properly monitored for pain control, adverse effects and activities of daily living.

Deep tissue massage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The injured worker sustained a work related injury on 11/22/2010. The medical records provided indicate the diagnosis of status post right shoulder surgery times two (2); right carpal tunnel; right de Quervain's tenosynovitis; right lateral epicondylitis; lumbar strain; cervical sprain; and insomnia. Treatments to date have included oral medications, four urine drug screens times according to the medical records, and home exercises. The medical

records provided for review do not indicate a medical necessity for Deep tissue massage. The medical records indicate there was no documentation of treatment outcome following the unspecified number of deep tissue massage in 10/2014. The MTUS recommends 4-6 massage visits as an adjunct to other treatments, like exercise. The records do not indicate the injured worker is engaged in any form of exercise.